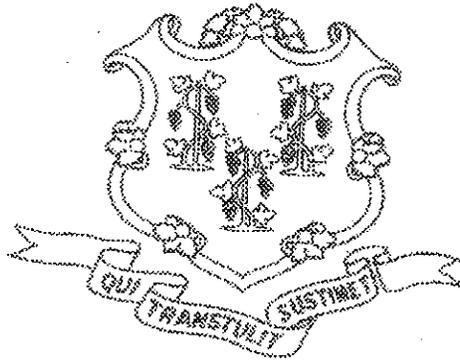


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Chelsea Place Care Center, LLC	
Address (No. & Street, City, State, Zip Code) 25 Lorraine Street, Hartford, CT 06105	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2220-C	RHNS	(Specify)	Medicare Provider 07-5299
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Medicaid Provider Numbers:	CCNH 9761	RHNS	ICF-IID
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For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

General Information

Name of Facility (as licensed) Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2019	Page 1	of 37
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Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Chelsea Place Care Center, LLC [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Judy Konow			Printed Name (Owner) Chris Wright		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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State of Connecticut
Department of Social Services
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Chelsea Place Care Center, LLC		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 25 Lorraine Street, Hartford, CT 06105				
Report Prepared By iCare Management, LLC		Phone Number 860-570-2140	Date 2/15/2020	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid \$				
2. Laundry wages paid \$				
3. Housekeeping wages paid \$				
4. Nursing wages paid \$				
5. All other wages paid \$				
6. Total Wages Paid \$				
7. Total salaries paid \$				
8. Total Wages and Salaries Paid (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-233-8241		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Chelsea Place Care Center, LLC		Address (No. & Street, City, State, Zip) 25 Lorraine Street, Hartford, CT 06105		
License Numbers:	CCNH 2220-C	RHNS	(Specify)	Medicare Provider No. 07-5299
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Judy Konow		Nursing Home Administrator's License No.:	1735	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Partners/Members

Name of Facility Chelsea Place Care Center, LLC		License No. 2220-C	Report for Year Ended 9/30/2019	Page 3	of 37
Legal Name of Partnership/LLC Chelsea Place Care Center, LLC		Business Address 25 Lorraine Street, Hartford, CT 06105		State(s) and/or Town(s) in Which Registered CT	
Name of Partners/Members	Business Address	Title		% Owned	
V. Robert Salazar	2500 18th Street, Suite 200, Denver, CO 80211	Member		31.3	
David Sebbag	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		21.4	
Ari Krausz	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		21.3	
Solomon Melamed	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		1	
Christopher Wright	341 Bidwell Street, Manchester, Ct 06040	Member		5	
Premier First Investors	245 S. Benton Street, Lakewood, CO 80226	Member		10	
Global World Investors	245 S. Benton Street, Lakewood, CO 80226	Member		10	

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2220-C
 Related Parties*

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/3/2019		Page 4	of 37			
		Also Provides Goods/Services to Non-Related Parties	Indicate Where Costs are Included in Annual Report Page # / Line #			Cost Reported	Actual Cost to the Related Party	
Name of Related Individual or Company	Business Address	Yes	No	%**	Description of Goods/Services Provided	Page # / Line #	Cost Reported	Actual Cost to the Related Party
Bidwell Care Center, LLC	333 Bidwell St. Manchester, CT 06040				Shared Employees		1,614	(1,614)
Chelsea Place Care Center, LLC	25 Lorraine St. Hartford, CT 06105				Shared Employees		-	-
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088				Shared Employees		-	-
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032				Shared Employees		(1,361)	1,361
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088				Shared Employees		28,722	(28,722)
Meriden Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450				Shared Employees		4,424	(4,424)
Trinity Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106				Shared Employees		11,215	(11,215)
Westside Care Center, LLC	349 Bidwell St. Manchester, CT 06040				Shared Employees		763	(763)
Wintonbury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002				Shared Employees		11	(11)
Secure Care Center LLC	60 West Street, Rocky Hill, CT 06067				Shared Employees		19,160	(19,160)
Universal Healthcare Holdings, LLC	5 Greenwood Street, Hartford, CT 06106				Shared Employees		-	-
Touchpoints at Homecare LLC	1838 Silas Deane Hwy, Rocky Hill, CT 06067				Shared Employees		-	-
Elevate Counseling Services LLC	341 Bidwell St. Manchester, CT 06040				Shared Employees		-	-
Touchpoints Therapy LLC	341 Bidwell St. Manchester, CT 06040				OT/PT/ST	13 5,8,10	418,209	(418,209)
Realty	N/A				Building Lease & Rent	22,22,27 10,9,14	-	-
iCare Management, LLC	341 Bidwell St. Manchester, CT 06040				iCare Health-Legal, Postage, Emp Recruitment & Marketing	16, 15 M.E	18,217	(18,217)
iCare Health Management, LLC	341 Bidwell St. Manchester, CT 06040				Shared BEs not part of mgmt agmt Management Services, Direct	20 5j	297,532	(297,532)
					Management Services, Indirect	20 5j	312,852	(312,852)
					Management Services, Administrative	16 M12	43,792	(43,792)
							554,046	(554,046)
All Care Centers, mgmt co, realty cos					Share Common 401k, Pension and Insurance plans, courier, legal and various other services			

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2019	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist <i>(See listing page 13)</i>
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

General Information and Questionnaire
Accounting Basis

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2019	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 O'Connor, Davies LLP		100 Great Meadow Road, Ste 401, Wethersfield, CT 06109		
2				
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1 Taxes, financial statements, accounting support		\$	9,607	
2		\$		
3		\$		
4		\$		
			Charge for Services Provided	
			\$	9,607
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15D				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 iCare Health Management, LLC			860-570-2140	
2 Starble and Harris			860-678-7775	
3 Durant Nichols / Robinson & Cole, LLP			860-275-8200	
4 Various others (American Arbitration , Various Arbitration, Murtha Cullina, Jackson Lewis))				
5 Starble and Harris, iCare Health Management LLC			860-678-7775 & 860-570-2140	
Address (<i>No. & Street, City, State, Zip Code</i>)				
1 341 Bidwell Street, Manchester CT				
2 32 Main Street, Avon, CT				
3 280 Trumbull St, Hartford, CT				
4				
5 32 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT				
Services Provided by This Firm (<i>describe fully</i>)				
1 Lease and contract issues, general legal advice, Labor Law		\$	13,416	
2 Lease and contract issues, general legal advice, union funds advice		\$		
3 Employment law, arbitrations, contract negotiations		\$	(4,438)	
4 Employment Arbitrations, healthcare law		\$	2,820	
5 Conservatorships & Collections		\$	1,220	
			Charge for Services Provided	
			\$	13,017
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15E				

Annual Report of Long-Term Care Facility

Schedule of Resident Statistics (Cont'd)

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2019	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(Specify)
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	2	220						
Per Diem Rate								
a. One bed rm.	474.00	259.00						
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	6,217	6,217		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,842	1,842		
2. Restorative Treatments	2,232	2,232		
C. Other	3,519	3,519		
D. Total Physical Therapy Treatments	13,810	13,810		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	384	384		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	258	258		
2. Restorative Treatments				
C. Other	366	366		
D. Total Speech Therapy Treatments	1,008	1,008		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	5,127	5,127		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	735	735		
2. Restorative Treatments	1,115	1,115		
C. Other	2,689	2,689		
D. Total Occupational Therapy Treatments	9,666	9,666		

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Chelsea Place Care Center, LLC	2220-C	9/30/2019	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	151,565	2,097				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	534,364	27,036				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	62,677	2,086				
c. Dietary Workers	816,421	43,142				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	554,157	30,800				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	48,165	2,754				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	231,127	13,740				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	234,121	4,295				
b. RN						
1. Direct Care	864,173	19,124				
2. Administrative**	331,505	8,141				
c. LPN						
1. Direct Care	2,296,961	76,589				
2. Administrative**						
d. Aides and Attendants	3,485,956	193,315				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	227,049	11,096				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	262,323	9,635				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	93,500	5,042				
A-13. Total Salary Expenditures	10,194,063	448,893				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

*** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,
 Assistant Administrators and Other Related Parties***

Name of Facility Chelsea Place Care Center, LLC		License No. 2220-C		Report for Year Ended 9/30/2019		Page 11	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include all employment worked during the cost year.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,
 Assistant Administrators and Other Related Parties***

Name of Facility (as licensed) Chelsea Place Care Center, LLC		License No. 2220-C		Report for Year Ended 9/30/2019			Page 12	of 37
Name	Salary Paid		Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)						
Section III - Administrators***								
Judy Konow	151,565		Administrator	2,097	A2			
			Administrator		A2			
			Administrator		A2			
Section IV - Assistant Administrators								

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include all other employment worked during the cost year.

*** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Chelsea Place Care Center, LLC	2220-C	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	72,800	1,456				
2. Dentist						
3. Pharmacist	42,337	468				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	103,967	1,559				
b. Other						
6. Social Worker	73,187	1,265				
7. Recreation Worker	33,643	35+Cable				35+Cable
8. Physicians						
a. Medical Director (entire facility)	80,400	704				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Physician Care Contract Services	27,724	67				
9. Speech Therapist						
a. Resident Care	16,660	200				
b. Other						
10. Occupational Therapist						
a. Resident Care	108,979	1,207				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	14,774	1				
2. Administrative***	59,506	1,085				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	412,387	8,037				
B-13 Total Fees Paid in Lieu of Salaries	1,046,366	16,050				

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

*** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 180,405	180,405		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 865,963	865,963		
5. Health Insurance	\$ 1,677,085	1,677,085		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 662,158	662,158		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 82,136	82,136		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 297,251	297,251		
d. Accounting and Auditing	\$ 9,607	9,607		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 13,017	13,017		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 25,507	25,507		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 14,652	14,652		
2. Cellular Phones	\$ 746	746		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	250		
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 1,307,869	1,307,869		
Subtotal	\$ 5,136,646	5,136,646		

* Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)

C. Expenditures Other Than Salaries (cont'd) - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2019	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	5,136,646	5,136,646		
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$	4,000	4,000	
3. Gifts to Staff and Residents	\$	1,732	1,732	
4. Employee Travel	\$	6,624	6,624	
5. Education Expenses Related to Seminars and Conventions	\$	4,351	4,351	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$			
7. Other (<i>Specify</i>) See Attached Schedule	\$	468	468	
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	16,872	16,872	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	24,602	24,602	
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$	1,732	1,732	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	15,732	15,732	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$			
10. Contributions*** See Attached Schedule	\$	510	510	
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	156,816	156,816	
12. Administrative Management Services**	\$	554,046	554,046	
13. Other (<i>Specify</i>) See Attached Schedule	\$	38,110	38,110	
C-14 Total Administrative & General Expenditures	\$	5,962,241	5,962,241	

* Do not include Subscriptions, which should go in item 9.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

*** Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
MEALS	\$ 468		\$ -
Total Other Travel and Entertainment	\$ 468	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
COMMUNICATIONS SPECIAL EVENTS	\$ 24,602		\$ -
Total Other Advertising	\$ 24,602	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM			
CAHCF Dues	\$ 15,572		\$ -
OTHER DUES	\$ 160		\$ -
Total Dues	\$ 15,732	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
CONTRIBUTIONS	\$ 510		\$ -
Total Contributions	\$ 510	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
SOCIAL SERVICE SUPPLIES	\$ 1,099		\$ -
SOC SVC MINOR EQUIPMENT	\$ 2,255		\$ -
ADMINISTRATIVE MINOR EQUIPMENT	\$ 293		\$ -
EMPLOYEE RELATIONS	\$ 9,432		\$ -
EMPLOYEE RELATIONS-OTHER	\$ 320		\$ -
PERMITS & LICENSES	\$ 3,226		\$ -
VOLUNTEER EXPENSE	\$ -		\$ -
BANK FEES	\$ 7,146		\$ -
CMS REVISIT USER FEES	\$ -		\$ -
PENALTIES	\$ 12,545		\$ -
LATE FEES	\$ 459		\$ -
INTERNET EXPENSES	\$ 1,334		\$ -
Rounding	\$ (0)		
Total Other Administrative and General	\$ 38,110	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Chelsea Place Care Center, LLC	2220-C	9/30/2019	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
iCare Management, LLC/iCare Health Management, LLC	554,046	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	312,852	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	43,792	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j

* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.

C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5)

Name of Facility Chelsea Place Care Center, LLC		License No. 2220-C	Report for Year Ended 9/30/2019	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 521,285	521,285			
2. Non-Food Supplies	\$ 68,570	68,570			
3. Other (Specify) _____ DIETARY SUPPLEMENTS	\$ 47,993	47,993			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 798	798			
c. Other (Specify) _____ DIETARY MINOR EQUIPMENT	\$ 12,417	12,417			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 651,063	651,063			
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
F. Resident Meals: Total no. of meals served per day:*	666	666			
G. Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
K. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
N. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs
(See Note on Page 5)

Name of Facility Chelsea Place Care Center, LLC		License No. 2220-C	Report for Year Ended 9/30/2019	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	2,031	2,031	
2.	Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
		Amt. \$			
3.	Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
		Amt. \$			
4.	Repair and/or purchase of linens.***	Lbs.			
		Amt. \$			
b.	Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	71,369	71,369	
c.	Other (Specify) LAUNDRY MINOR EQUIPMENT	\$	784	784	
3D. Total Laundry Expenditures (3a + b + c)		\$	74,184	74,184	
3E. Laundry Questionnaire					
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

*** Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care
 Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility		License No.	Report for Year Ended		Page	of
Chelsea Place Care Center, LLC		2220-C	9/30/2019		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$ 55,262	55,262		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt.	\$ 33,537	33,537		
C. Other (<i>Specify</i>)			\$			
HOUSEKEEPING MINOR EQUIPMENT						
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 88,800	88,800		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy		\$			
2.	Purchased from PHARMACY		\$ 166,574	166,574		
b.	Medicine Cabinet Drugs		\$ 10,545	10,545		
c.	Medical and Therapeutic Supplies		\$ 170,085	170,085		
d.	Ambulance/Limousine***		\$ 3,676	3,676		
e.	Oxygen					
1.	For Emergency Use		\$ 6,284	6,284		
2.	Other***		\$			
f.	X-rays and Related Radiological Procedures***		\$ 2,931	2,931		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 8,632	8,632		
i.	Recreation		\$			
j.	Direct Management Services*		\$			
k.	Indirect Management Services*		\$			
l.	Other (Specify)**** See Attached Schedule		\$ 461,406	461,406		
5M.	Total Resident Care Expenditures (5a - 5j)		\$ 830,134	830,134		

* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
NURSING ADMIN SUPPLIES	\$ 1,572		\$ -
NURSING MINOR EQUIP	\$ 10,514		\$ -
MEDICAL RECORDS SUPPLIES	\$ -		\$ -
MEDICAL RECORDS MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATIONS - DIRECT	\$ 312,852		\$ -
NON-COVERED PPS DR. VISITS	\$ 3,332		\$ -
RESIDENT CARE SUPPLIES	\$ (423)		\$ -
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 15,934		\$ -
PERSONAL CARE SUPPLIES	\$ 132		\$ -
INCONTINENCY SUPPLIES	\$ 991		\$ -
VACCINE RESIDENTS	\$ 842		\$ -
PATIENT SPECIAL NEEDS	\$ 3,307		\$ -
PHYSICAL THERAPY SUPPLIES	\$ -		\$ -
PHYSICAL THERAPY EQUIPMENT RENT	\$ -		\$ -
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -		\$ -
OCCUPATIONAL THERAPY SUPPLIES	\$ -		\$ -
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -		\$ -
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -		\$ -
SPEECH THERAPY SUPPLIES	\$ -		\$ -
SPEECH THERAPY EQUIPMENT RENT	\$ -		\$ -
SPEECH THERAPY MINOR EQUIPMENT	\$ -		\$ -
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 27,130		\$ -
EQUIPMENT RENTAL: AIDS UNIT	\$ -		\$ -
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 111		\$ -
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ -		\$ -
HI LOW BED RENTAL & MATTRESSES	\$ -		\$ -
IV THERAPY SUPPLIES	\$ 25,346		\$ -
IV THERAPY CONTRACT SERVICE	\$ -		\$ -
MEDICAL WASTE CONTRACT SERVICE	\$ 3,783		\$ -
ACTIVITIES SUPPLIES	\$ 10,321		\$ -
ACTIVITIES MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATION - INDIRECT	\$ 43,792		\$ -
ADMISSIONS SUPPLIES	\$ -		\$ -
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ -		\$ -
STRIKE COSTS NON REIMBURSABLE	\$ 1,872		\$ -
Total Other Resident Care	\$ 461,406	\$ -	\$ -

**Report of Expenditures
 Schedule C-2 - Individuals or Firms Providing Services by Contract ***

Name of Facility Chelsea Place Care Center, LLC		License No. 2220-C	Report for Year Ended 9/30/2019	Total Cost/Page Ref.***		Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	CCNH	RHNS	Pg	Line
		Yes	No					
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Housekeeping Services	33,537			20 4b
Health Services Group/Unitex Textile Rental Services	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Laundry Services	71,369			19 3b
Eagle Elevator		<input type="radio"/>	<input checked="" type="radio"/>	Elevator Contract	12,216			22 6F
Bioserve, Inc.		<input type="radio"/>	<input checked="" type="radio"/>	Medical Waste	3,783			22 6F
Brightview Landscaping/MLG Landscaping		<input type="radio"/>	<input checked="" type="radio"/>	Snow Removal/Landscaping	25,474			22 6F
USA Hauling & Recycling Inc		<input type="radio"/>	<input checked="" type="radio"/>	Trash removal	59,219			22 6F
American HealthTech		<input type="radio"/>	<input checked="" type="radio"/>	Software Maintenance Contract	11,405			16 M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	<input type="radio"/>	<input checked="" type="radio"/>	Payroll Services	78,661			16 M11
National Datacare Corp		<input type="radio"/>	<input checked="" type="radio"/>	Resident Trust Software	5,098			16 M11
Prime Care Technology services		<input type="radio"/>	<input checked="" type="radio"/>	Computer Consulting Services	31,432			16 M11
Priority Express		<input type="radio"/>	<input checked="" type="radio"/>	Courier Services	4,923			16 M11
Point Right Inc		<input type="radio"/>	<input checked="" type="radio"/>	Nursing Software	4,680			16 M11
		<input type="radio"/>	<input checked="" type="radio"/>					22 6F

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility	License No.	Report for Year Ended		Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2019		22	37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 88,705	88,705			
b. Heat	\$ 69,514	69,514			
c. Light & Power	\$ 137,240	137,240			
d. Water	\$ 100,895	100,895			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 42,431	42,431			
f. Other (<i>itemize</i>)	\$ 417,908	417,908			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 856,693	856,693			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$ 34,701	34,701			
c. Non-Movable Equipment	\$ 550	550			
d. Movable Equipment	\$ 38,884	38,884			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 74,135	74,135			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$ 110,106	110,106			
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$ 110,106	110,106			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,013,095	1,013,095			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 351,623	351,623			
c. Personal property taxes	\$ 43,131	43,131			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,592,091	1,592,091			

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
PLANT SUPPLIES	\$ 38,172		\$ -
PLANT CONTRACT SERVICE LABOR	\$ 7,500		\$ -
ELEVATOR CONTRACT SERVICE	\$ 12,216		\$ -
FIRE/SPRINKLER CONTRACT SERVICE	\$ 8,968		\$ -
LANDSCAPING CONTRACT SERVICE	\$ 6,969		\$ -
SNOW REMOVAL CONTRACT SERVICE	\$ 18,505		\$ -
TRASH REMOVAL CONTRACT SERVICE	\$ 59,219		\$ -
HVAC CONTRACT SERVICE	\$ -		\$ -
SECURITY CONTRACT SERVICE	\$ -		\$ -
PLANT CONTRACT SERVICE OTHER	\$ 246,452		\$ -
PLANT MINOR EQUIPMENT	\$ 14,266		\$ -
RENT AUTO	\$ -		\$ -
RENT EQUIPMENT	\$ 5,641		\$ -
RENT OTHER	\$ -		\$ -
Total Other Repairs and Maintenance	\$ 417,908	\$ -	\$ -

Depreciation Schedule

Name of Facility Chelsea Place Care Center, LLC		License No. 2220-C	Report for Year Ended 9/30/2019				Page 23	of 37	
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
A-4. Subtotal				664,817	131,767			34,701	
B. Building and Building Improvements									
1. Acquired prior to this report period		664,817		664,817					
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
B-4. Subtotal									34,701
C. Non-Movable Equipment									
1. Acquired prior to this report period		43,932		43,932	42,276			550	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									550
D. Movable Equipment									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a. Van Repair: Hillside Automotive Cex				10,600	10,600				
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period		725,975		725,975	584,339			33,976	
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)									
D-3. Subtotal		59,944						4,908	
E. Total Depreciation									38,884
									74,135

Amortization Schedule*

Name of Facility Chelsea Place Care Center, LLC	Date of Acquisition		License No. 2220-C	Report for Year Ended 9/30/2019			Page 24	of 37
A. Organization Expense								
1.								
2.								
3.								
A-4. Subtotal								
B. Mortgage Expense								
1.								
2.								
3.								
B-4. Subtotal								
C. Leasehold Improvements and Other								
1. Acquired prior to this report period					1,540,641	1,003,429	101,166	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)					123,253		8,940	
C-4. Subtotal								110,106
D. Total Amortization								110,106

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

C. Expenditures Other Than Salaries (cont'd) - Property Questionnaire

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2019	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase		04/01/99		
4. Date of Initial Licensure		04/01/99		
5. Total Licensed Bed Capacity		234		
6. Square Footage		75,258		
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
Summit Hartford, LLC	25 Lorraine Street, Hartford, CT	08/09/17	15 years with year extension	\$1,035,000 yr 1

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

C. Expenditures Other Than Salaries (cont'd) - Interest

Name of Facility Chelsea Place Care Center, LLC		License No. 2220-C	Report for Year Ended 9/30/2019	Page 26	of 37
Item		Total	CCNH	RHNS	(Specify)
12. Interest					
A. Building, Land Improvement & Non-Movable Equipment					
1. First Mortgage		\$			
Name of Lender		Rate			
Address of Lender					
2. Second Mortgage		\$			
Name of Lender		Rate			
Address of Lender					
3. Third Mortgage		\$			
Name of Lender		Rate			
Address of Lender					
4. Fourth Mortgage		\$			
Name of Lender		Rate			
Address of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount		\$			
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$			

(Carry Subtotals forward to next page)

C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance

Name of Facility		License No.		Report for Year Ended		Page	of
Chelsea Place Care Center, LLC		2220-C		9/30/2019		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	74,777	74,777	
INTEREST							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	74,777	74,777	
14. Insurance							
a. Insurance on Property (buildings only)				\$	12,631	12,631	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	99,384	99,384	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	8,766	8,766	
Other insurance, crime							
14d. Total Insurance Expenditures (14a + b + c)				\$	120,781	120,781	
15. Total All Expenditures (A-13 thru C-14)				\$	21,491,194	21,491,194	

Annual Report of Long-Term Care Facility

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC				2220-C	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 297,251	297,251		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 24,602	24,602		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 41,017	41,017		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 362,871	362,871		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

D. Adjustments to Statement of Expenditures (cont'd)

Name of Facility			License No.	Report for Year Ended	Page	of	
Chelsea Place Care Center, LLC			2220-C	9/30/2019	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 362,871	362,871		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$ 3,676	3,676		
29.			X-rays, etc	\$ 2,931	2,931		
30.			Laboratory	\$ 8,632	8,632		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 3,332	3,332		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 381,441	381,441		

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5J		3,331.70		-
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	-		
13	B9A	ST- Resident Care (for outpatient therapy - see schedule)	-		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	-		
Total Other Ancillary Costs			\$ 3,332	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Property Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	\$ -		
20	4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	\$ -		
22	6B	Heat (for outpatient Therapy see schedule)	\$ -		
22	6C	Light and Power (for outpatient therapy see schedule)	\$ -		
22	6D	water (for outpatient therapy see schedule)	\$ -		
22	6A	Repair&Maint (for outpatient therapy see schedule)	\$ -		

Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2019		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$ 20,135,389	20,135,389			
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$ 775,354	775,354			
b. Medicare Room and Board Contractual Allowance **	\$				
4. a. Private-Pay Residents and Other	\$ 156,198	156,198			
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 84,724	84,724			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (84,724)	(84,724)			
c. Prescription Drugs - Non-Medicare	\$ 65,826	65,826			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (65,826)	(65,826)			
2. a. Medical Supplies - Medicare	\$ 1,790	1,790			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (1,790)	(1,790)			
c. Medical Supplies - Non-Medicare	\$ 14,896	14,896			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (14,896)	(14,896)			
3. a. Physical Therapy - Medicare	\$ 223,660	223,660			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (49,594)	(49,594)			
c. Physical Therapy - Non-Medicare	\$ 157,918	157,918			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (157,918)	(157,918)			
4. a. Speech Therapy - Medicare	\$ 37,286	37,286			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (10,317)	(10,317)			
c. Speech Therapy - Non-Medicare	\$ 23,956	23,956			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (23,956)	(23,956)			
5. a. Occupational Therapy - Medicare	\$ 220,655	220,655			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (59,026)	(59,026)			
c. Occupational Therapy - Non-Medicare	\$ 88,529	88,529			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (75,233)	(75,233)			
6. a. Other (Specify) - Medicare	\$				
b. Other (Specify) - Non-Medicare	\$ 92,949	92,949			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 21,535,849	21,535,849			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (Specify)	\$				
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (Specify)	\$ 1,550	1,550			
V. Total Other Revenue (1 thru 8)	\$ 1,550	1,550			
VI. Total All Revenue (III +V)	\$ 21,537,399	21,537,399			

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab Medicare	\$ 3,794		
	Lab Medicare CA	\$ (3,794)		
	Oxygen Medicare	\$ 5		
	Oxygen Medicare CA	\$ (5)		
	Equipment rental	\$ 1,242		
	Equipment rental CA	\$ (1,242)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare	\$ -		
	Therapy Beds Medicare CA	\$ -		
	Radiology Medicare	\$ 1,281		
	Radiology Medicare CA	\$ (1,281)		
	IV Therapy	\$ 21,686		
	IV Therapy CA	\$ (21,686)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose testing	\$ -		
	Glucose testing CA	\$ -		
	Outpatient therapy Medicare	\$ -		
	Total Other Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab	4,621.82		
	Lab CA	(4,621.82)		
	Oxygen	\$ 347		\$
	Oxygen CA	\$ (347)		\$
	Equipment rental	\$ 18,105		
	Equipment rental CA	\$ (18,105)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds	\$ -		
	Therapy Beds CA	\$ -		
	Radiology	\$ 1,243		
	Radiology CA	\$ (1,243)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose Testing	\$ -		
	Glucose Testing CA	\$ -		
	IV therapy	\$ 29,786		\$
	IV therapy CA	\$ (29,786)		\$
	Flu shot revenue	\$ -		
	Outpatient therapy	\$ -		
	prior period revenue	\$ 33,576		
	Optum B	\$ 81,537		
	Optum B CA	\$ (29,987)		
	C/A VBP	\$ (12,177)		
	rounding	\$ -		
	Total Other Resident Revenue	\$ 92,949	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	INTEREST INCOME		\$ -		
	Total Interest Income		\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	MEALS	\$ -		
	TELEVISION INCOME	\$ -		
	CONCESSIONS / VENDING INCOME	\$ -		
	RESIDENT LATE FEE REVENUE	\$ -		
	RESIDENT ATTORNEY FEE REVENUE	\$ -		
	TELEPHONE INCOME	\$ -		
	OTHER INCOME	\$ 50		
	OPTUM DIVIDENDS REVENUE	\$ 1,500		
	OPTUM OUTLIERS	\$ -		
	OTHER INCOME DEFERRED REVENUE	\$ -		
	ALL DMHAS REVENUE	\$ -		
	Total Other Revenue	\$ 1,550	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	6,695
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	5,738,885
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	58,648
5. Prepaid Expenses			\$	1,325,643
a. Prepaid Insurance	1,223,062			
b. Prepaid Property Taxes	98,552			
c. Prepaid Expenses Other	4,029			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(3,877,141)
Due From (to) Related Parties	(630,562)			
Other Owners reserves	(3,246,579)			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,252,730
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>664,817</u>		\$	498,349
	Accum. Depreciation <u>166,467</u>	Net		
4. Leasehold Improvements	*Historical Cost <u>1,663,894</u>		\$	550,358
	Accum. Depreciation <u>1,113,536</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>43,932</u>		\$	1,106
	Accum. Depreciation <u>42,826</u>	Net		
6. Movable Equipment	*Historical Cost <u>785,919</u>		\$	162,697
	Accum. Depreciation <u>623,223</u>	Net		
7. Motor Vehicles	*Historical Cost <u>10,600</u>		\$	
	Accum. Depreciation <u>10,600</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
Construction in Progress				
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,212,510

* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

Schedule of Other Current Assets (Itemize) Page 31 Line A8

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
Total Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
Total Other Long-Term Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	4,465,240
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
\$				
2. Land Improvements				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
3. Buildings				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
4. Non-Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
5. Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
6. Motor Vehicles				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
7. Minor Equipment-Not Depreciable				
\$				
C-8 Total Leasehold or Like Properties (C1 thru 7)				
\$				
D. Investment and Other Assets				
1. Deferred Deposits				
\$				
2. Escrow Deposits				
\$ 672,285				
3. Organization Expense				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
4. Goodwill (Purchased Only)				
\$				
5. Investments Related to Resident Care (<i>itemize</i>)				
\$ 79,904				
Patient Trust Funds 77,349				
Long Term Deposit - primicare 2,555				
6. Loans to Owners or Related Parties (<i>itemize</i>)				
\$				
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)				
\$				
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$ 752,188				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$ 5,217,429				

* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2019	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	479,652
2. Notes Payable (<i>itemize</i>)			\$	1,429,182
Working Capital Line of Credit		1,429,182		
See Schedule				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	390,999
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$	4,156,715
Related Party Payables		2,983,482		
Accrued Expenses		107,111		
Accrued Resident User Fees		324,713		
Accrued Workers Comp Expense		741,409	See Schedule	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	6,456,548

* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount
Total Brought Forward:				6,456,548
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
Patient Trust Funds		77,349	77,349	
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 77,349
C. Total All Liabilities (Lines A-13 + B-5)				\$ 6,533,896

G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	1,000
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,363,673)
6. Gain or Loss for Period			\$	46,206
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	(1,316,468)
C. Total Reserves and Net Worth			\$	(1,316,468)
D. Total Liabilities, Reserves, and Net Worth			\$	5,217,429

H. Changes in Total Net Worth

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2019	Page 36	of 37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$ 21,537,399		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$ 21,491,194		
D. Net Income or Deficit			\$ 46,206		
E. Balance			\$ 46,206		
F. Additions					
1. Additional Capital Contributed <i>(itemize)</i>					
2. Other <i>(itemize)</i>					
F-3. Total Additions			\$		
G. Deductions					
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>					
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$		
Purpose		Amount			
3. Total Deductions			\$		
H. <i>Balance at End of Period</i>			\$ 46,206		
			09/30/19		

I. Preparer's/Reviewer's Certification

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
iCare Management, LLC				
Address Address			Phone Number	
341 Bidwell Street, Manchester, CT 06040			860-570-2140	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Contact Email Address				